

FILED
IN CLERKS OFFICE

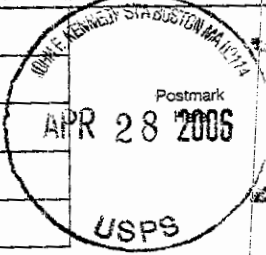
2006 JUN 19 P 3:04

Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

| | | | | | |
|--|--|---|---|--|---|
| PLAINTIFF UNITED STATES OF AMERICA | | COURT CASE NUMBER CR-05-10021-NMG | | U.S. DISTRICT COURT DISTRICT OF MASS. | |
| DEFENDANT Shih-Ming Shiue (Defendant) | | TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE AND MONEY JUDGMENT | | | |
| SERVE AT | Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Geoffrey E. Hobart, Esquire., Covington & Burling., | | | | |
| | Address (Street or RFD / Apt. # / City, State, and Zip Code) 1201 Pennsylvania Avenue, NW., Washington DC 20004-2401 | | | | |
| Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210 | | | Number Of Process To Be Served In This Case. | | |
| | | | Number Of Parties To Be Served In This Case. | | |
| | | | Check Box If Service Is On USA | | |
| SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve copies of the attached Preliminary Order of Forfeiture and Money Judgment upon the above-referenced individual via certified mail, return receipt requested. | | | | | |
| JLJ xt 3297 | | | | | |
| Signature of Attorney or other Originator requesting service on behalf of Kristina E. Barclay, Assistant U.S. Attorney | | | <input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant | | Telephone No. (617) 748-3100 Date Mar 13, 2006 |
| SIGNATURE OF PERSON ACCEPTING PROCESS: | | | | | Date |
| SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY | | | | | |
| I acknowledge receipt for the Total # of Process Indicated. | District of Origin No. _____ | District to Serve No. _____ | SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: | | Date |
| I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below. | | | | | |
| <input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE. | | | | | |
| NAME & TITLE of Individual Served If not shown above: | | <input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode. | | | |
| ADDRESS: (Complete only if different than shown above.) | | Date of Service | Time of Service | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| | | Please See Remarks below | | | |
| | | Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer | | | |
| REMARKS: U.S. Customs and Border Protection Copy of Preliminary Order* was served as directed above by certified mail number 7001 2510 0003 4299 6324. Copy of Postal receipt attached indicating mailing on April 28, 2006. (However, receipt is not signed.) Copy of Postal on-line delivery notice attached showing delivery on May 01, 2006. | | | | | |

TD F 90-22.48 (6/96)

* Preliminary Order of Forfeiture and Money Judgment - SPZ
☐ RETURN TO COURT ☐ FOR CASE FILE ☐ LEAVE AT PLACE OF SERVICE ☐ FILE COPY

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|--|---|
| OFFICIAL USE | |
| Postage \$ |  |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | |
| Sent To Geoffrey E. Hobart, Esq. Street, Apt. No., or PO Box No. Covington & Burling 1201 Pennsylvania Ave. NW City, State, ZIP+4 Washington, DC 20004-2401 | |
| PS Form 3800, January 2001 See Reverse for Instructions | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Geoffrey E. Hobart, Esq.
 Covington & Burling
 1201 Pennsylvania Ave., NW
 Washington, D.C. 20004-2401

2. Article Number

(Transfer from service label)

7001 2510 0003 4299 6324

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

2005-3901-900052-01